


**Trauma System Oversight & Management Committee**  
**Marriott Richmond-West**  
**Richmond, Virginia**  
**June 4, 2009**  
**11:00 a.m.**

<b>Members Present:</b>	<b>OEMS Staff:</b>	<b>Other Attendees:</b>
Ajai Malhotra, Chair	Paul Sharpe	Jeff Meyer
Kathy M. Butler	Wanda Street	Melissa Hall
Barbara Hawkins	Russ Stamm	Rachel Poindexter
Andi Wright	David Edwards	Anne Jordan
Lou Ann Miller		Michael Aboutanous
Elton Mabry		Deidra Pennington
Mindy Carter		
Nancy Martin		
LeAnna Harris		
Cindy Hearrell		
Stanley Heatwole		
Dallas Taylor		
Ed Fenton		
Denice Greene		
R. Bland Lawson		
Lawrence Roberts		
Amanda Turner		
Al Philp		
David Linkous		
Valeria Mitchell		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Trauma Nurse Coordinators Meeting:</b>	The coordinators met between 10 a.m. and 11 a.m. to discuss general business matters.	
<b>Call to order:</b>	The meeting was called to order by the chair at 11:09 a.m.	
<b>Approval of Minutes dated March 5, 2009:</b>	There was one correction to the minutes on Page two under Riverside Regional Medical Center Presentation on the third line; the Dr.'s name should be Kauder, not Carter. A motion was made and seconded to approve the minutes as amended.	<b>The minutes were approved as amended.</b>
<b>Presentation from VCU – Dr. Michael Aboutanous:</b>	A PowerPoint presentation, “Injury and Violence Prevention Programs – The New Paradigm”, was given by Dr. Michael Aboutanous. MCV/VCU sees about 4,000 trauma admissions per year and about 18% are penetrating. One of their main goals is to reduce the gang violence in Virginia. MCV/VCU has established collaborative	

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	<p>efforts with the Attorney General's office with the Gang Reduction &amp; Intervention Program (GRIP), Get Real-Alcohol Consequences and Choices for Youth (GR-ACY) and other community partners. They provide injury prevention counseling immediately following the trauma incident whether it's a fall, alcohol-related traumatic event such as a motor vehicle crash, trauma due to violence, etc.</p> <p>In terms of patient response, VCU feels that the program shows potential successful due to the fact that they have enrolled 40 patients into the program.</p>	
<b>Chair Report – Ajai Malhotra:</b>	<p>The chair reported that he has received a motion/request from VCU regarding personnel issues and the requirements for having a surgical resident in the trauma room for a low level trauma team alert and to clarify at what level the resident must be (2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> year, Chief resident). Many scenarios were discussed and OEMS and the committee state the standard is clear to have a PGY4, PGY5, or attending present in the ED for trauma alerts. Hospital trauma alert policy can address lower tier, but this should be monitored through the service's PI program.</p>	
<b>OEMS Update:</b>	<p>a. Trauma Coordinators Report – Paul Sharpe</p> <p><u>Move to Technology Park</u> – The rest of the OEMS staff will some be moving to Glen Allen near Virginia Center Commons. The new office will have greater meeting space. There is no set date for the move at this time.</p> <p><u>Personnel Update</u> – Ms. Sherina Gibson will begin as the OEMS Informatics Coordinator on June 25<sup>th</sup>.</p> <p><u>PPCR/EMS Registry</u> – the EMS Registry contract award was made to ImageTrend Inc. A final contract has not been signed at this time, but OEMS is looking forward to working with ImageTrend and getting the new prehospital data system up and running.</p> <p>There was much discussion about agencies not leaving call sheets at the time of service. According the <u>Code of Virginia 12VAC5-31-1140</u>, Provision of patient care documentation, A. "EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours." The committee would like to propose a change to the above regulations.</p> <p><b>MOTION:</b> Nancy Martin proposed a motion that written documentation is provided at the time of delivery to the receiving medical facility for each patient treated.</p> <p>OEMS informed the committee of the process to comment on the proposed EMS regulations and will notify the committee when they are available for public comment.</p> <p><u>Trauma Fund</u> – OEMS/VDH have growing concerns about the use of the Trauma Center Fund towards its intended purpose. In order to ensure that the funds are in fact being utilized as intended, OEMS will likely begin auditing the fund starting in the next fiscal year. In order that this fund continues to be provided, it must be used for the purposes specified. OEMS is currently questioning one recipient on the use of its</p>	<p><b>Motion: The committee proposes that 12VAC5-31-1140 be changed to convey that written documentation is provided at the time of delivery to the receiving medical facility for each patient treated.</b></p> <p><b>All in favor = 20</b></p> <p><b>Opposed = 0</b></p> <p><b>Motion carried.</b></p>

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	<p>funding and has withheld the amount in question from disbursement.</p> <p>Barbara Hawkins stated that when the trauma site visits are performed, a copy of the designated budget could be requested from the Chief Financial Officer (CFO) to review what the funds were used for.</p> <p>b. EMS for Children Report – David Edwards  <u>PEPP Train-the-Trainer Course</u> – In April, a pediatric education provider and instructor course was held in Suffolk. It went very well with 40 participants. More pediatric education topics will be covered at symposium.</p> <p><u>Annual EMS Program Meeting</u> – This meeting will be held next week to modify the measures and objectives. They will discuss prioritizing pediatric research topics and work with PECARN (Pediatric Emergency Care Applied Research Network).</p> <p><u>Pediatric Hospital Categorization</u> – David has met with VHHA (Virginia Hospital and Healthcare Association) to create a work group to establish 2 to 3 levels of categorization. Once the levels are established, a recognition process will need to be created and David would like to have this committee assist with that part of the process and make comments.</p>	<p><b>Paul will send a letter to the CEOs and copy the trauma coordinators.</b></p>
<p><b>Business Items:</b></p>	<p>a. <u>EMS Plan</u> –Recently a meeting was held with the Chairpersons of the standing committees of the state EMS Advisory Board. During this meeting Mr. Randy Abernathy, Vice Chair and Ms. Pokey Harris, 2<sup>nd</sup> Vice Chair provided information and instructions to committee Chairpersons regarding updating the state EMS Plan. In addition, each committee Chair has been requested to review and examine the vision and mission of their respective committees. They were also asked to develop four core initiatives or objectives and encouraged to establish work groups to accomplish this assignment. This initial phase of planning is due by July 31, 2009.</p> <p>b. <u>Trauma Designation Criteria Update - Dr. Lawson</u> – The PowerPoint presentation that was shown is attached below. It was decided that the sub-committee continue to work on the issues that were discovered at the meeting and report their findings at the September meeting.</p> <div data-bbox="443 1198 646 1312">  <p>Virginia Trauma Std Revisions 6-10-09.pd</p> </div> <p>c. <u>Trauma Triage Plan</u> – The CDC has set the national standard for the Field Triage Decision Scheme protocol. This protocol has been endorsed by Virginia Department of Health (VDH), American Medical Association (AMA), National Association of State EMS Officials (NASEMSO) and many others. The State</p>	<p><b>Paul will send an email to the committee.</b></p> <p><b>MOTION: The chair proposed a motion to</b></p>

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	<p>Field Trauma Triage Decision Scheme is modeled after the CDC scheme with some wording changes.  <b>MOTION:</b> The chair proposed a motion to endorse the CDC Field Triage Decision Scheme.</p> <p>Elton stated that the address listed on page 10 for Southside Regional Medical Center is incorrect and should be 200 Medical Park Boulevard, Petersburg.</p> <p>Jeff Meyer also asked if page 4, item number 2 should be 30 minutes in lieu of 20 minutes. The concern was for rural areas. OEMS agreed.</p> <p>A question was asked about the meaning of “Vehicle telemetry data...” in Step 3. Paul explained that it means the vehicles with advanced automatic collision notification (AACN) system through programs such as the “On Star” system.</p> <p><b>MOTION:</b> The chair proposed a motion to adopt the State Trauma Triage Plan with the noted change of address and change to 30 minutes on page 2.</p>	<p><b>endorse the CDC Field Triage Decision Scheme.</b>  <b>All in Favor = 19</b>  <b>Opposed = 1</b>  <b>Motion Carried.</b></p> <p><b>MOTION: The chair proposed a motion to adopt the State Trauma Triage Plan with the noted change of address and change to 30 minutes on page 2.</b>  <b>All in Favor = 19</b>  <b>Opposed = 1</b>  <b>Motion Carried.</b></p>
<b>Trauma Nurse Coordinators Report:</b>	The coordinators welcomed Melissa Hall, Trauma Educator for Mary Washington Hospital. The trauma nurse coordinators discussed designation manual changes for CME. Nurses do not get CME's. They discussed whether the requirements should be changed to the number of hours needed. Currently the requirement is 8 hours per year. There will be more discussion on this topic at the September meeting. The coordinators met yesterday and had a very productive meeting. The registrars met yesterday also and plan to continue to meet on a quarterly basis.	
<b>Old Business:</b>	Kathy reported that UVA has contracted with Epic to supply their electronic medical record system. She wanted to ensure that the new EMS Registry would work with Epic.	
<b>New Business:</b>	Someone asked if there is a statewide trauma performance improvement committee? OEMS has tried twice to initiate this program and is eager to see it function routinely. A small group was formed and they met once or twice to focus on trauma triage issues the basis of the trauma PI committee is to support the trauma triage plan. Now that the plan has been developed OEMS would encourage the PI committee starting it work.	
<b>Public Comment:</b>	None.	
<b>Adjournment:</b>	Meeting was adjourned at approximately 2:27 p.m.	<b>2009 Meeting Schedule:</b> <b>Thursday, September 3<sup>rd</sup></b> <b>Thursday, December 3<sup>rd</sup></b>